

**THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY**

**M.Sc.(NURSING) DEGREE COURSE**

**INSPECTION REPORT**

**FOR THE ISSUE OF  
CERTIFICATE OF REGISTRATION FOR STARTING  
M.Sc (NURSING) DEGREE COURSE**

**THE TAMIL NADU Dr.M.G.R.MEDICAL UNIVERSITY, CHENNAI – 32.**

**M.Sc (NURSING) DEGREE COURSE**

**CERTIFICATE OF REGISTRATION**

**INSPECTION REPORT FOR THE ACADEMIC YEAR - \_\_\_\_\_**

1.	Name of the <b>Convenor</b> with Designation and Address  <b>Phone No :</b> Office : Residence : Mobile No:	
2.	Names of the <b>Member</b> with Designation and address  <b>Phone No :</b> Office : Residence : Mobile No:	
3.	<b>University Letter No. &amp; date</b> in which the Inspection Commission Constituted	
4.	<b>Date of Inspection</b>	
5.	Place and details of authorities representing the Management present at the time of Inspection.	
6	<b>Name of the Society/Trust</b> and its Full registered address with telephone numbers.  <b>(Copy of Registered Trust Deed to be enclosed)</b>	

7.	Whether the proposed college is a minority institution.	<p style="text-align: center;">Minority / Non Minority</p> <p>If it is minority furnish the following details.</p> <p>G.O.(MS.)No.</p> <p>Dept.</p> <p>Dated :</p>
08.	Name of the proposed Nursing College and <b>full address with Telephone Nos.</b> where the Nursing College is located.	
09.	<p>Name of <b>the other courses run by the Trust.</b></p> <p><b>Note:</b> Where more than one course is conducted by the Trust, the Inspection Commission may ensure that the course under reference has got sufficient infrastructural facilities separately.</p>	
10.	<p><b>State Government Order No. &amp; Date</b> in which permission was accorded to start the Nursing college/course.</p> <p>(Copy of Orders be enclosed)</p>	<p>G.O.(MS.)No.</p> <p>Dept.</p> <p>Dated :</p>
11.	<p><b><u>Ref. No. and date of the Indian Nursing Council, New Delhi</u></b> in which permission was accorded to start the Nursing College / course.</p> <p>(Copy of reference be enclosed).</p>	<p>Lr. No.</p> <p>Dated</p> <p>Intake                      academic year: .....</p>

12.	<b><u>GOVERNMENT ENDOWMENT:</u></b> Whether <b>Trust/ Society created required endowment for running the course with the Government of Tamil Nadu/ Director of Medical Education.</b> (Copy to be enclosed)	
13.	<b><u>LAND:</u></b> Whether the Academic and Hostel block are located in an area of not less than 7 acres of land. <u>Type of Location :</u> City/Corporation - 3 acres Town/Municipality - 5 acres Semi Urban/Rural areas - 7 acres	Type of Location : ..... Total area in acres .....
i)		
ii)	<b><u>Registered Sale Deed</u></b> regarding proof of ownership of land. (Copy to be enclosed).	
iii)	<b><u>Original Sworn Affidavit</u></b> in Rs.20/- Non - Judicial stamp paper to be furnished in the enclosed format.	
iv)	<b><u>Legal Opinion</u></b> of the Government Pleader for the earmarked land with Survey Nos.	Name of the Govt Pleader: Date of issue :
v)	<b><u>Latest Encumbrance Certificate</u></b> obtained from the Registering Authority	E.C. No. Dated : Issued by :
vi)	<b><u>Certificate of evidence obtained from the Revenue Authority</u></b> stating that the ear-marked land at the proposed Nursing College does not attract the T.N. Urban Land Ceiling and Regulations Act 1978, T.N. Town Country Planning Act 1971 and T.N. Land Reforms Act 1961. (Copy to be enclosed)	
vii)	<b><u>Location of the Land</u></b>  Furnish full address	

viii)	<p><b>Approved Building Plan</b> for the proposed Nursing College issued by the Competent Municipal /Panchayat authority duly indicating their office ref.no. and date along with date and office seal including covering letter for approval should be enclosed for the</p> <p>i. Academic Block ii. Hostels for boys and girls iii. staff Quarters.</p>	<p>Approved by :</p> <p>Date of approval :</p> <p>Approval issued vide Lr. No.</p>
xi)	<p><b>Building Completion Certificate</b></p> <p>Issued by the competent authority viz., Corporation, MMDA, Municipality and Panchayat Board etc.,</p>	<p>Issued by :</p> <p>Ref. No. :</p> <p>Date :</p>

**14. READY BUILT AREA : (Basic Requirement for B.Sc(N) with 60 Annual Intake)**

**TEACHING BLOCK**

Sl. No.	Teaching Block	Area Required (in Sq feet)	Available	Shortfall
1	Lecture Hall	4 @ 1080 = 4320		
2	(i) Nursing foundation Lab	1500		
	(ii) CHN	900		
	(iii) Nutrition	900		
	(iv) OBG and Paediatrics lab	900		
3	<b><u>Pre-clinical science lab</u></b>	900		
4	Computer Lab	1500		
5	Multipurpose Hall	3000		
6	Common Room (Male and Female)	2000		
7	Staff Room	1000		
8	Principal Room	300		
9	Vice-Principal Room	200		

10	Library	2400		
11	A.V. Aids Room	600		
12	One room for each Head of Departments	800		
13	Faculty Room	2400		
14	Provisions for Toilets	1000		
Total		23,720 Sq. Ft		
	<b><u>Exclusively for M.Sc. (N)</u></b>			
	i. Class Room	2 x 500 sq.ft For each speciality		
	ii. Seminar Room	500		

### Hostel Block

Sl. No.	Hostel Block	Area Required (in Sq feet)	Available	Shortfall
1	Single Room	24000		
	Double Room			
2	sanitary	One latrine and One Bath room (for 5 students) - 500		
3	Visitor Room	500		
4	Reading Room	250		
5	store	500		
6	Recreation Room	500		
7	Dining Hall	3000		
8	Kitchen and Store	1500		
Total		30,750 Sq Ft.		

- Proportionately the size of the built-up area will increase according to the number of students admitted.
- College of Nursing can share laboratories, if they are in same campus under same name and under same trust, that is the institution is one but offering different nursing programmes. However they should have equipments and articles proportionate to the strength of admission. And the class rooms should be available as per the requirement stipulated by Indian Nursing Council of each programme.

15.	<p><b><u>RESIDENTIAL QUARTERS</u></b>  Details of residential quarters provided to the staff .</p> <p>whether this facility is provided in the same complex or separately?</p>	<p>If it is outside the college campus</p> <p>Address:</p>
16.	<p><b><u>EXTRA CURRICULAR</u></b>  a)Whether adequate space and equipment have been provided for extra curricular activities for the students.</p>	
b)	<p>Whether play ground facilities is available in the same campus; if not provided in the same campus, where the same is available?</p>	<p>If it is outside the college campus</p> <p>Address:</p>
c)	<p>List of Sports articles provided to the Nursing students by the college.</p>	
17.	<p><b><u>HOSPITAL ARRANGMENTS</u></b>  Whether the <b><u>Trust/Society owns a hospital being run by it with minimum of 150 beds</u></b> with an administrative block.</p> <p>a) or  Shall <b><u>have a tie-up with a General Hospital with a minimum of 200 beds within a radius of 15 to 30 km from the academic complex.</u></b></p>	
<p><b><u>NOTE:</u></b>  In the case of tie-up with the General Hospital there shall be <b><u>binding evidence to show that the said hospital shall oblige to extend the necessary facilities to the Nursing students in imparting training</u></b> in the department of Medicine, Surgery, Paediatrics, Maternity, Gynaecology, E.N.T., Radiology, Orthopaedics, Ophthalmic, Burns, Oncology, Mental Health (Psychiatry) IMCU, ICU, Emergency and Casualty, Blood Bank and Clinical Laboratories.</p>		

b	<p><b><u>Ensure the following:-</u></b></p> <ul style="list-style-type: none"> <li>- Proper infection control</li> <li>- Incineration</li> <li>- Linen supplies and washing facilities</li> <li>- C.S.S.D.</li> <li>- Kitchen facilities</li> </ul>	
c	<p><b><u>Quality Assurance</u></b>  Provision of Adequate records and reports</p> <ul style="list-style-type: none"> <li>- Nurse – licenced to practice</li> <li>- Nurse – Patient ratio as per INC norms</li> <li>- Nurse – Supervisor ratio as per INC norms</li> <li>- Nursing Superintendent</li> </ul>	
18.	<p><b><u>EARMARKED ASSETS:</u></b>  Details of earmarked assets and resources exclusively available to run the Nursing college.  (Produce evidence like Fixed Deposit receipts etc.)</p>	
19.	<p><b><u>FINANCIAL SOUNDNESS</u></b>  The Management of the Nursing college shall show evidence of an annual income of not less than Rs.10,00,000/- (Rupees Ten Lakhs only) to facilitate the proper running of the Nursing College.</p>	
20.	<p><b><u>BALANCE SHEET</u></b>  <b><u>Latest Balance sheet duly certified by a Chartered Accountant</u></b> showing the financial soundness to run the Nursing college to be enclosed.</p>	
21.	<p><b><u>LIBRARY</u></b></p> <p>Details regarding <b><u>total number of books/journals</u></b> for Nursing course <b><u>in different specialities available</u></b> (List of books with titles and journals to be enclosed)</p>	<p>Total No. of Books :</p> <p>Total No. of Titles :</p> <p><b>Journal (Subscribed)</b></p> <p><b>Indian Journals : Nos.</b></p> <p><b>International Journals : Nos.</b></p>



a)	Measurement in Sq.ft	
b)	Seating Arrangements	
c)	Lighting and Ventilation	
d)	Xeroxing facility	
e)	Reference section	
22.	<p><b><u>LABORATORY</u></b></p> <p>Whether the <b><u>Pre-clinical and Laboratory facilities are available in the same campus</u></b> in which the academic complex is located. (List of all lab equipments including AV Aids and Computer lab to be enclosed).</p>	
23.	<p><b>Details of Transportation</b></p> <p>No. of vehicles with seating capacity (Copy of Driver's details with licence and RC book to be enclosed)</p>	
24.	<p><b><u>Furniture</u></b></p> <p>List of furniture provided to be enclosed.</p>	
25.	<p><b><u>Payment</u></b> of Current Inspection Fees</p>	
	<p><b><u>Note:-</u></b></p> <p>The inspection commission is requested to make sure that <b><u>no recommendations or comments whatsoever made by yourself in the report . Other than this to enclose Confidential report on the basis of observations are made separately.</u></b></p>	

PLACE:

DATE:

SIGNATURE OF THE MEMBER

(NAME IN BLOCK LETTERS)

SIGNATURE OF THE CONVENOR

(NAME IN BLOCK LETTERS)

**(To be furnished in the Rs.20/- Non-judicial stamp paper duly signed by the Managing Trustee and counter signed by the Notary Public with seal)**

**SWORN AFFIDAVIT**

We hereby declared that the following lands owned by us have been ear-marked for the purpose of starting B.Sc. (Nursing) degree course at the ..... college at ..... run by ..... Trust.

Sl.No.	Lands registered under document No. and date	Survey No.	Land in Acres	Location of the lands

Signature of the Managing Trustee  
with Seal & date

Signature of Notary Public  
with seal & date